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Family Code, §§ 17400, 17402,
17404, 17430
www.courts.ca.gov

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|---|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: | CASE NUMBER: |
|---|--------------|

3. d. ☐ The parent ordered to pay support must pay current child support as follows:

Name of child

Date of birth

Monthly support amount

(1) ☐ Mandatory additional child support

(a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:

☐ one-half or ☐ % or ☐ (specify amount): \$ per month of the costs.

Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ child-care provider.

(b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:

☐ one-half or ☐ % or ☐ (specify amount): \$ per month of the costs.

Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ health-care provider.

(2) ☐ Other (specify):

(3) ☐ For a total of \$ payable on the day of each month beginning (date):

(4) ☐ The low-income adjustment applies.

☐ The low-income adjustment does not apply because (specify reasons):

(5) Any support ordered will continue until further order of court, unless terminated by operation of law.

(6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

e. ☐ The parent ordered to pay support ☐ The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

o. Other (specify):

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

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|---|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: | CASE NUMBER: |
|---|--------------|

Date:

 (TYPE OR PRINT NAME)


 (SIGNATURE OF OTHER PARENT)

Date:

 (TYPE OR PRINT NAME)


 (SIGNATURE OF ATTORNEY FOR OTHER PARENT)

ORDER

4. THE COURT SO ORDERS.

Date:

Number of pages attached: _____

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

DECLARATION OF PERSON PROVIDING INTERPRETATION/TRANSLATION: The party/parties indicated below is/are unable to read or understand this *Stipulation and Order* because

☐ (Insert name) _____'s primary language is (specify):

and he or she ☐ has ☐ has not read the form stipulation translated into this language.

I certify under penalty of perjury under the laws of the State of California that I am competent to interpret or translate in the primary language indicated above and that I have, to the best of my ability, read to, interpreted for, or translated for the above-named party the *Stipulation and Order* in the party's primary language. The above-named party said he or she understood the terms of this *Stipulation and Order* before signing it.

Date:

 (TYPE OR PRINT NAME)


 (SIGNATURE)

☐ (Insert name) _____'s primary language is (specify):

and he or she ☐ has ☐ has not read the form stipulation translated into this language.

Date:

 (TYPE OR PRINT NAME)


 (SIGNATURE)